

DUAL ENROLLMENT BY HIGH SCHOOL STUDENTS

Read the instructions carefully before completing this form. To be completed by applicant. Type or print legibly in ink. Accurate information is important because applicants will be contacted by both mail and e-mail. Please use your full legal name.

1. First semester you wish to enroll (circle)	Fall (August)	Spring (January)	Summer (May)	Year 20 _____
2. Last name (family name)	First name	Middle name	3. Gender M F	4. U.S. Social Security number (If available) _____
5. Other name(s) by which you have been known or appear on academic records			6. Date of birth (month, day, year)	
7. Permanent mailing address (number and street) Notify the university of address changes in writing.			County	Telephone (include country/city/area code)
City	State	Country	Zip Code/Postal Code	
8. Current mailing address (number and street) Notify the university of address changes in writing.			County	Telephone (include country/city/area code)
City	State	Country	Zip Code/Postal Code	
Current mailing address valid until (month, day, year)		E-Mail address Notify the university of address changes in writing.		

U.S. CITIZENS AND PERMANENT RESIDENTS ONLY – VOLUNTARY INFORMATION

9. Ethnic/Racial Group	1. White/Caucasian Non-Hispanic	2. Black/African American Non-Hispanic	3. Chicano/Mexican American
	4. Hispanic/Latino	5. American Indian/Alaskan Native	6. Asian/Pacific Islander (Asian American)
Record appropriate number in box <input type="checkbox"/>	Tribal Affiliation _____		
NOTE: If you are multiracial, please complete this item by indicating either the ethnic/racial group you identify with most or the ethnic/racial group to which you are usually regarded in the community as belonging. Are you multiracial? Yes No If you answer "Yes," Please check the categories that correspond to the races of your birth parents.			
White/Caucasian Non-Hispanic	Black/African American Non-Hispanic	Chicano/Mexican American	
Hispanic/Latino	American Indian/Alaskan Native	Asian/Pacific Islander (Asian American)	
American Note: For purposes of this question, you are multiracial if you have parents from more than one of the categories listed above.			

10. a. State of legal residence _____		b. How long have you lived here? _____ Years _____ Months	
11. a. Place of birth (state or country) _____		b. U.S. citizen Yes No	c. Permanent resident alien Yes No # _____
12. a. Country of present citizenship If non-U.S. citizen _____		b. If you are not a U.S. citizen or permanent resident alien indicate current visa status _____	
13. Name of parent or guardian (first and last name)		Address, City, State, Country, Zip Code/Postal Code	E-mail address
Name of second parent or guardian (first and last name)		Address, City, State, Country, Zip Code/Postal Code	E-mail address
14. a. If you previously attended or took a course at MSU, indicate Year _____ Term/Semester _____		b. MSU student number/PID _____	

15. List the high school you have most recently attended.		Dates Attended		Expected Graduation Date
Name of School or Institution	City/State/Country	Mo. Yr.	To	Mo. Yr.

16. List the MSU courses you wish to enroll for this semester.					
Course Name	Course No.	Section Number	Department	Instructor	Number of Credits

17. ADDITIONAL REQUIRED INFORMATION
Michigan State University seeks to admit students who provide evidence of intellectual performance, good character, and potential that will permit them to profit from the programs offered by Michigan State. The university recognizes that learning opportunities are enhanced by a secure environment. As part of the admissions process, we require applicants to respond to the following questions. Information provided in response to these questions needs to be reviewed, but rarely results in denial of admission.

a. Have you ever been expelled, suspended, disciplined, or placed on probation by any secondary school or college you have attended because of

- academic dishonesty,
- financial impropriety, or
- an offense that harmed or had the potential to harm others?

YES NO

b. Have you ever been convicted of a criminal offense (including in juvenile court) other than a minor traffic violation, or are there criminal charges pending against you at this time?

YES NO

If you answer yes to either of these questions, please submit a letter of explanation. If circumstances arise in the future (until the time you begin attending classes) that make your answers to the above questions inaccurate, misleading, or incomplete, you must provide the Office of Admissions and Scholarships with updated information.

18. I certify that all the answers I have given in this application are complete and accurate to the best of my knowledge and, if admitted, I agree to observe all the rules and regulations of Michigan State University. Failure to do so can result in disciplinary action.

Signature of applicant

Date

THIS SECTION MUST BE COMPLETED BY SCHOOL COUNSELOR OR PRINCIPAL

1. _____ ()
Name of school official (please print) Title Date Telephone

2. _____ E-mail _____
Signature of above official

Please include an official transcript (with school seal and/or signed by principal) and school profile of the secondary school record.

(Optional) Additional comments or information school official wishes to provide regarding this applicant:

Please send directly to:

**OFFICE OF ADMISSIONS AND SCHOLARSHIPS • MICHIGAN STATE UNIVERSITY
250 ADMINISTRATION BUILDING • EAST LANSING, MI 48824**

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GUIDELINES TO GOVERN ADMISSION AND ENROLLMENT

1. An official high school transcript must accompany this application.
2. No application fee will be required from the student.
3. Dual Enrollment students do not have to re-apply each semester. However, permission to take courses must be granted by your high school guidance counselor prior to any subsequent MSU course enrollments. If there is a hiatus in attendance that is longer than 12 months (3 semesters), readmission is required. Dual Enrollment students must contact the Office of Admissions and Scholarships, 250 Administration Building, Michigan State University, East Lansing, MI 48824 for readmission.
4. Applications should be submitted at least 10 days prior to the start of classes for the semester for which enrollment is desired.
5. Students will ordinarily be granted permission to enroll in only those courses that clearly represent advanced study for that student at a level not offered by the high school.
6. Students who enroll will be charged at the Lifelong Education rate. This rate will be set at a per credit amount. There will be no additional fees associated with the status (i.e., no registration or late fees, etc.).
7. Credit will be awarded by Michigan State University for successful completion of the course.
8. Admission of a student as a Dual Enrollment High School Student does not assure admission to the University as a degree candidate upon completion of high school graduation requirements. If at a later time the student desires to enroll as a degree candidate, complete official transcripts from high schools, all colleges and universities attended, and the regular application for admission must be presented to the University.
9. Students enrolled at MSU as Dual Enrollment High School Students will be subject to all university rules and regulations that apply to regularly enrolled students.
10. Coordination of high school class schedules with enrollment at MSU, transportation arrangements to and from the University, and parental approval for participation if required by the school, shall be the responsibility of the student or the high school.
11. Students admitted under this program will not be eligible for financial aid from the University.

**POSTSECONDARY ENROLLMENT BILLING
AUTHORIZATION FORM
MICHIGAN STATE UNIVERSITY**

TO: Michigan State University – Office of Admissions and Scholarships

FROM: _____
SCHOOL DISTRICT _____ **CONTACT PERSON** _____

SUBJECT: *Verification of Eligibility for Postsecondary Enrollment Options and
Billing under Public Act 336*

This is to verify that

STUDENT NAME _____ **STUDENT NUMBER OR SOC. SEC. NO.** _____
is enrolled in this school and meets the conditions outlined in Section 21b of the State School Aid Act of 1979, as amended by PA 336, 1993, and is currently eligible for dual enrollment in Michigan State University classes.

It is understood Michigan State University will mail a bill to our district for the portion of tuition for which we are responsible, for the above-named student for all courses preapproved by our school district listed on this memorandum. We acknowledge that our district is responsible for the lesser amount of (1) the actual charge for tuition and fees; or (2) the student's foundation allowance, adjusted to the proportion of the school year the student attends our school district.

The amount _____ is responsible for per student per course during _____ is \$ _____.
school district _____ academic year

Semester and year authorized for billing:

Fall _____ Spring _____ Year _____

The student is responsible for the remainder of the tuition and fees, if any.

NAME OF APPROVED COURSE(S) _____ NAME OF APPROVED COURSE(S) _____

NAME OF APPROVED COURSE(S) _____ NAME OF APPROVED COURSE(S) _____

(It is understood that if these courses are not available to the student, similar courses may be substituted.)

If there are any questions, please contact us at _____
Telephone No. of Local School Authorizing Billing

School District address to which the bill should be sent:

Street _____ City _____ State _____ Zip Code _____

PRINCIPAL/ASST. PRIN. SIGNATURE AND TITLE _____ Date _____

PARENT SIGNATURE _____ Date _____

School districts are welcome to use their own forms if they include all of the above information.